



040204

1775 U.S. PTO

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PTO/SB/05 (08-03)

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 C.F.R. 1.53(b)

Attorney Docket No.	0803R
First Inventor	Jeffrey E. Habben
Title	Modulation of Cytokinin Activity in Plants
Express Mail Label No.	EL 870382192 US

2390 U.S. PTO
107817483

040204

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 127] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]</p> <p>5. Oath or Declaration [Total Sheets <input type="text"/>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Certificate of Express Mailing</u></p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09 / 545,334</u></p> <p>Prior application information: Examiner <u>Baum, Stuart E.</u> Art Unit: <u>1638</u></p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		27310	
		OR <input type="checkbox"/> Correspondence address below	
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Name (Print/Type)	Karen K. Varley	Registration No. (Attorney/Agent)	45,751
Signature	<i>Karen K. Varley</i>	Date	April 2, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 20px;"><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p>		Complete if Known			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Known		
		Filing Date	04/02/2004		
		First Named Inventor	Habben, Jeffrey E.		
		Examiner Name	Not Known		
		Art Unit	Not Known		
TOTAL AMOUNT OF PAYMENT		(\$)	2096	Attorney Docket No.	0803R

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 16-1852 Deposit Account Name: Pioneer Hi-Bred International, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES																																																																																																																																																																																																																																							
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1201	86	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																							
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																							
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																							
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																							
SUBTOTAL (2)					(\$ 1326)																																																																																																																																																																																																																																						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																																																																																						
Total Claims: 65 -20 ** = 45 X 18 = 810																																																																																																																																																																																																																																											
Independent Claims: 9 -3 ** = 6 X 86 = 516																																																																																																																																																																																																																																											
Multiple Dependent: 0 X 290 = 0																																																																																																																																																																																																																																											

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Karen K. Varley	Registration No. (Attorney/Agent)	45,751	Telephone	(515) 334-6780
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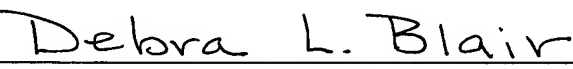
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